

FILED OCT 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH36159  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4480

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Joseph Hospital</u> Length of stay in lb <u>25 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>9202 East 23rd</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Robert Stanton Stahl</u>		4. DATE OF DEATH Month <u>Sept</u> Day <u>25</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 15 - 1890</u>
9. AGE (In years, last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, never if retired) <u>Machinist</u>	
11. BIRTHPLACE (City and state & country) <u>Kansas City, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Wm. McBurney Stahl</u>		14. MOTHER'S M maiden name <u>Euphonia Summerfield</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war & dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-01-3364</u>	
17. INFORMANT <u>Mr. Clyde Stahl</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma Larynx</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u> <u>2 yrs</u> <u>10/17</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Platte Co. Mo.</u>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <u>Jan 1954</u> to <u>Sept 1957</u> and last saw her alive on <u>Sept 24 1957</u> Death occurred at <u>2:55 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. Frank M.D.</u>		22b. ADDRESS <u>814 Prof. Bldg</u>	
22c. DATE SIGNED <u>9-25-57</u>		22d. LOCATION (City, town, or county) <u>Platte Co. Mo.</u>	
22e. STATE		22f. COUNTY	
22g. CITY, TOWN, OR LOCATION		22h. STATE	
22i. COUNTY		22j. STATE	
22k. CITY, TOWN, OR LOCATION		22l. STATE	
22m. COUNTY		22n. STATE	
22o. CITY, TOWN, OR LOCATION		22p. STATE	
22q. COUNTY		22r. STATE	
22s. CITY, TOWN, OR LOCATION		22t. STATE	
22u. COUNTY		22v. STATE	
22w. CITY, TOWN, OR LOCATION		22x. STATE	
22y. COUNTY		22z. STATE	
22aa. CITY, TOWN, OR LOCATION		22ab. STATE	
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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Bert B. Bannett

Licensed Embalmer No. 4656

P. O. Address L. C. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.